

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

JOBS AMERICA PAC

ADDRESS (number and street) ▼

545 E TOWN STREET

☐ Check if different than previously reported. (ACC)

COLUMBUS

OH

43215

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00554055

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

☐ Primary (12P)  
**PRE**-Election  
Report for the:☐

Convention (12C)

☐

General (12G)

☐

Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

☐ General (30G)  
**POST**-Election  
Report for the:☐

Runoff (30R)

☐

Special (30S)

☐

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

01

01

2015

through

M M M /

D D D /

Y Y Y Y Y Y

06

30

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ranjan Manoranjan

Signature of Treasurer

Ranjan Manoranjan

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

07

27

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

JOBS AMERICA PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y  
 06 / 30 / 2015

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, 2015   |                         | 2069.72                           |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 2069.72                 |                                   |
| (c) Total Receipts (from Line 19) .....  | 35000.00                | 35000.00                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 37069.72                | 37069.72                          |
| 7. Total Disbursements (from Line 31) .....  | 29908.00                | 29908.00                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 7161.72                 | 7161.72                           |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**JOBS AMERICA PAC**

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 1 |   | 2 | 0 | 1 | 5 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 5 |

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

35000.00

35000.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

35000.00

35000.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

35000.00

35000.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

35000.00

35000.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

35000.00

35000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 58.00                         | 58.00                             |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 58.00                         | 58.00                             |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 6000.00                       | 6000.00                           |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 23850.00                      | 23850.00                          |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 29908.00                      | 29908.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 29908.00                      | 29908.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 35000.00                      | 35000.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 35000.00                      | 35000.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 58.00                         | 58.00                             |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 58.00                         | 58.00                             |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

JOBS AMERICA PAC

Full Name (Last, First, Middle Initial)

**A. Nanthini Balakrishnan**

Mailing Address 2918 Mount Snow Court

City State Zip Code  
 Ellicott City MD 21042

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Social Security Administration

Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 04 09 2015

Transaction ID : SA11AI.4369

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Selvakumar Buvenendaran**

Mailing Address 2918 Mount Snow Court

City State Zip Code  
 Ellicott City MD 21042

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Prime AE

Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 02 05 2015

Transaction ID : SA11AI.4365

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. General Services Consulting, LLC**

Mailing Address PO Box 20691

City State Zip Code  
 Columbus OH 43220

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 01 07 2015

Transaction ID : SA11AI.4364

Amount of Each Receipt this Period

1000.00

See Partner Itemization

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 17  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**JOBS AMERICA PAC**

|   |             |  |  |  |
|---|-------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. General Services Consulting, LLC</b>   |             |  | Date of Receipt<br><div> <div>M M / D D / Y Y Y Y Y</div> <div>03 / 10 / 2015</div> </div> <b>Transaction ID : SA11AI.4367</b> |  |
| Mailing Address PO Box 20691  |             |  | Amount of Each Receipt this Period<br><div> <div>5000.00</div> <div>4000.00</div> </div>                                       |  |
| City<br>Columbus  | State<br>OH | Zip Code<br>43220  | See Partner Itemization  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  |  |  |
| Name of Employer  |             | Occupation   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br><div> <div>5000.00</div> <div>5000.00</div> </div> |  |  |

|   |             |  |  |  |
|---|-------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Jay Jayanthan</b>  |             |  | Date of Receipt<br><div> <div>M M / D D / Y Y Y Y Y</div> <div>02 / 12 / 2015</div> </div> <b>Transaction ID : SA11AI.4366</b> |  |
| Mailing Address 35 Turnberry Road   |             |  | Amount of Each Receipt this Period<br><div> <div>5000.00</div> <div>5000.00</div> </div>                                       |  |
| City<br>Wallingford   | State<br>CT | Zip Code<br>06492  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  |  |  |
| Name of Employer<br>United International Corp.  |             | Occupation<br>Principal  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br><div> <div>5000.00</div> <div>5000.00</div> </div> |  |  |

|   |             |  |  |  |
|---|-------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Shanthini Jayanthan</b>  |             |  | Date of Receipt<br><div> <div>M M / D D / Y Y Y Y Y</div> <div>05 / 29 / 2015</div> </div> <b>Transaction ID : SA11AI.4370</b> |  |
| Mailing Address 35 Turnberry Road   |             |  | Amount of Each Receipt this Period<br><div> <div>5000.00</div> <div>5000.00</div> </div>                                       |  |
| City<br>Wallingford   | State<br>CT | Zip Code<br>06492  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |  |  |  |
| Name of Employer<br>N/A   |             | Occupation<br>Homemaker  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br><div> <div>5000.00</div> <div>5000.00</div> </div> |  |  |

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

14000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**JOBS AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. Ranjan Manoranjan**

Mailing Address 3925 Tarrington Lane

City State Zip Code  
Columbus OH 43220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
General Consulting Services

Occupation  
Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 07 / 2015

**Transaction ID : SA11AI.4378**

Amount of Each Receipt this Period

1000.00

Partner Itemization

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **B. Ranjan Manoranjan**

Mailing Address 3925 Tarrington Lane

City State Zip Code  
Columbus OH 43220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
General Consulting Services

Occupation  
Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2015

**Transaction ID : SA11AI.4379**

Amount of Each Receipt this Period

4000.00

Partner Itemization

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **C. Ratneswary Manoranjan**

Mailing Address 3935 Tarryington Lane

City State Zip Code  
Columbus OH 43220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
General Consulting Services

Occupation  
Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11AI.4368**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 17  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)  
**JOBS AMERICA PAC**

|  |  |  |
|--|--|--|
| <b>A. George McCue</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 4598 Bridle Path Lane<br>City Dublin State OH Zip Code 43017<br>FEC ID number of contributing federal political committee. C<br>Name of Employer Crabbe, Brown & James LLP Occupation Attorney<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 5000.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>05 / 08 / 2015<br><b>Transaction ID : SA11AI.4371</b><br>Amount of Each Receipt this Period<br>5000.00 |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address<br>City State Zip Code<br>FEC ID number of contributing federal political committee. C<br>Name of Employer Occupation<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>Amount of Each Receipt this Period   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address<br>City State Zip Code<br>FEC ID number of contributing federal political committee. C<br>Name of Employer Occupation<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>Amount of Each Receipt this Period   |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶  |  | 5000.00  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶  |  | 35000.00   |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 17

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**JOBS AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. BARVE FOR CONGRESS COMMITTEE**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 31    |   | 2015        |

Mailing Address 426 PALMPRING DRIVE

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| GAITHERSBURG | MD    | 20878    |

**Transaction ID : SB23.4318**Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

|  |
|--|
| Disbursement For: 2016   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: MD District: 08

Full Name (Last, First, Middle Initial)

**B. BOEHNER FOR SPEAKER**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 19    |   | 2015        |

Mailing Address 320 FIRST ST., SE

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| WASHINGTON | DC    | 20003    |

**Transaction ID : SB23.4317**Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

|   |
|---|
| Disbursement For:   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

State: OH District: 08

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|   |
|---|
| Disbursement For:   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

|         |
|---------|
| 6000.00 |
|---------|

**TOTAL** This Period (last page this line number only).....▶

|         |
|---------|
| 6000.00 |
|---------|

|  |     |  |     |  |     |  |     |  |      |  |     |
|--|-----|--|-----|--|-----|--|-----|--|------|--|-----|
|  | 21b |  | 22  |  | 23  |  | 24  |  | 25   |  | 26  |
|  | 27  |  | 28a |  | 28b |  | 28c |  | X 29 |  | 30b |

JOBS AMERICA PAC

### A. Brown for Board of Education

Mailing Address 545 E Town St

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Columbus | OH    | 43215    |

| Purpose of Disbursement  | Contribution |
|--|--------------|
| 1. To provide for the maintenance and repair of the building               | 10%          |
| 2. To provide for the maintenance and repair of the furniture and fixtures | 10%          |
| 3. To provide for the maintenance and repair of the equipment              | 10%          |
| 4. To provide for the maintenance and repair of the vehicles               | 10%          |
| 5. To provide for the maintenance and repair of the other assets           | 10%          |
| 6. To provide for the maintenance and repair of the land                   | 10%          |
| 7. To provide for the maintenance and repair of the other assets           | 10%          |
| 8. To provide for the maintenance and repair of the other assets           | 10%          |
| 9. To provide for the maintenance and repair of the other assets           | 10%          |
| 10. To provide for the maintenance and repair of the other assets          | 10%          |

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

State:  District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y

04 16 2015

Transaction ID : SB29.4335

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### B. Citizens for Niraj Antani

Mailing Address 8547 WHITE CEDAR DRIVE UNIT 321

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Miamisburg | OH    | 45342    |

| Purpose of Disbursement | Contribution |
|-------------------------|--------------|
|                         |              |

[illegible]

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

State:  District:

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

Transaction ID : SB29.4341

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

### C. Clarence Mingo for Auditor

Mailing Address 8406 Leisner Ave

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| New Albany | OH    | 43054    |

| Purpose of Disbursement  | Contribution |
|--|--------------|
| 1. To provide for the maintenance and repair of the building               | 10%          |
| 2. To provide for the maintenance and repair of the furniture and fixtures | 5%           |
| 3. To provide for the maintenance and repair of the equipment              | 5%           |
| 4. To provide for the maintenance and repair of the vehicles               | 5%           |
| 5. To provide for the maintenance and repair of the other assets           | 5%           |
| 6. To provide for the maintenance and repair of the land                   | 5%           |
| 7. To provide for the maintenance and repair of the other assets           | 5%           |
| 8. To provide for the maintenance and repair of the other assets           | 5%           |
| 9. To provide for the maintenance and repair of the other assets           | 5%           |
| 10. To provide for the maintenance and repair of the other assets          | 5%           |

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

State:  District:

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

Transaction ID : SB29.4331

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 17

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**JOBS AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. Committee for Ron O'Brien**

Mailing Address 865 Macon Alley

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Columbus | OH    | 43206    |

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 07    | / | 2015        |

**Transaction ID : SB29.4334**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Cranley for Cincinnati**

Mailing Address 1411 Pleasant Street #2

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Cincinnati | OH    | 45202    |

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 17    | / | 2015        |

**Transaction ID : SB29.4329**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Friends of Andrew Ginther**

Mailing Address 545 E. Town St.

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Columbus | OH    | 43215    |

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 16    | / | 2015        |

**Transaction ID : SB29.4337**

Amount of Each Disbursement this Period

|         |
|---------|
| 3500.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 5500.00 |
|---------|

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|--|-----|--|-----|--|-----|--|-----|--|------|--|-----|
|  | 21b |  | 22  |  | 23  |  | 24  |  | 25   |  | 26  |
|  | 27  |  | 28a |  | 28b |  | 28c |  | X 29 |  | 30b |

JOBS AMERICA PAC

250.00

State:  District:

State:  District:

1000.00

State:  District:

1750.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 17

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**JOBS AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Tim Derickson**

Mailing Address 2700 MILLVILLE - OXFORD ROAD

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Oxford | OH    | 45056    |

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 17    |   | 2015        |

**Transaction ID : SB29.4338**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Full Name (Last, First, Middle Initial)

**B. Gruner for Engineer Campaign**

Mailing Address 7154 MOHAWK TRAIL RD

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Dayton | OH    | 45459    |

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 30    |   | 2015        |

**Transaction ID : SB29.4344**

Amount of Each Disbursement this Period

|        |
|--------|
| 600.00 |
|--------|

Full Name (Last, First, Middle Initial)

**C. Hubbard for County Engineer**

Mailing Address 8562 SHUMAN LANE

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Cincinnati | OH    | 45231    |

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 10    |   | 2015        |

**Transaction ID : SB29.4343**

Amount of Each Disbursement this Period

|        |
|--------|
| 250.00 |
|--------|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 1350.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 17

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**JOBS AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. Klein Committee**

Mailing Address 545 E Town St

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Columbus | OH    | 43215    |

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|   |
|---|
| Disbursement For:   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 03    |   | 2015        |

**Transaction ID : SB29.4333**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. McTigue, McGinnis & Colombo LLC**

Mailing Address 545 E. Town Street

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Columbus | OH    | 43215    |

Purpose of Disbursement  
Legal Services

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|   |
|---|
| Disbursement For:   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 13    |   | 2015        |

**Transaction ID : SB29.4349**

Amount of Each Disbursement this Period

|        |
|--------|
| 900.00 |
|--------|

Full Name (Last, First, Middle Initial)

**C. McTigue, McGinnis & Colombo LLC**

Mailing Address 545 E. Town Street

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Columbus | OH    | 43215    |

Purpose of Disbursement  
Legal Services

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|   |
|---|
| Disbursement For:   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 02    |   | 2015        |

**Transaction ID : SB29.4350**

Amount of Each Disbursement this Period

|        |
|--------|
| 900.00 |
|--------|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 6800.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 17

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**JOBS AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. McTigue, McGinnis & Colombo LLC**

Mailing Address 545 E. Town Street

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Columbus | OH    | 43215    |

Purpose of Disbursement  
Legal Services

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    |   | 02    |   | 2015      |

**Transaction ID : SB29.4351**

Amount of Each Disbursement this Period

|        |
|--------|
| 900.00 |
|--------|

Full Name (Last, First, Middle Initial)

**B. McTigue, McGinnis & Colombo LLC**

Mailing Address 545 E. Town Street

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Columbus | OH    | 43215    |

Purpose of Disbursement  
Legal Services

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    |   | 29    |   | 2015      |

**Transaction ID : SB29.4352**

Amount of Each Disbursement this Period

|        |
|--------|
| 900.00 |
|--------|

Full Name (Last, First, Middle Initial)

**C. McTigue, McGinnis & Colombo LLC**

Mailing Address 545 E. Town Street

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Columbus | OH    | 43215    |

Purpose of Disbursement  
Legal Services

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 01    |   | 2015      |

**Transaction ID : SB29.4353**

Amount of Each Disbursement this Period

|        |
|--------|
| 900.00 |
|--------|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 2700.00 |
|---------|

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